

July 10, 2001

Refer to:  
MB:ST  
NE 0172.90.R2.01

Stephen B. Curtiss, Director  
Nebraska Dept of Health & Human Services  
Finance & Support  
301 Centennial Mall S., 5<sup>th</sup> Floor  
PO Box 95026  
Lincoln, Nebraska 68509

Dear Mr. Curtiss:

I am pleased to inform you that your request to amend Nebraska's Home and Community-Based Services Waiver for Adults with Mental Retardation or Related Conditions, as authorized under the provisions of Section 1915(c) of the Social Security Act has been approved. This waiver has been assigned control number 0172.90.R2.01.

Specifically, you submitted a request to clarify the explanation of Factor C. Based on the assurances and additional information provided, the waiver request is approved effective October 1, 2000.

This waiver amendment request conforms to the requirements of the statute and Medicaid regulations. We appreciate the effort and cooperation provided by your staff.

Sincerely,

Joe Tilghman  
Regional Administrator

cc: Bob Seiffert  
Gary Leypoldt  
Sharon Taggart

bcc: MDuckett, CO  
Luce

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